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Ophthalmic Literature

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Ophthalmic Literature

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STANDARD VISION.

There is a sense in which it is proper to speak of "normal vision," just as we speak of a person being of normal height or normal weight. Normal height may be under five feet for a woman or over six feet for a man; and normal weight may be under seven pounds for the newborn baby, or thirty times that much when he has reached full development. In this sense what is properly called normal vision varies within wide limits. We may speak of "normal vision," including under that term the vision of the elderly hyperope who can only recognize the ten meter letters at five meters; or the vision of the negro mentioned by Lindsay Johnson as able to see such letters forty meters away.

It is generally recognized that for any bodily part or function there are certain limits within which it may vary and still be properly called normal. The amount of lacrimal secretion may be strictly normal, when, with the eyes closed, it does not reach a drop an hour; and equally normal when under exposure of the conjunctiva to the air it reaches many drops a minute. The pupil may be normal in size, whether it be two millimeters in diameter in strong sunlight, or four times that diameter in comparative darkness. In this sense the variations in the vision of strictly normal eyes produced by diminishing the illumination even to the point where form vision becomes nil, are still normal vision.

There is quite another sense in which the term normal is commonly applied, viz., that of average or mean value. The normal weight of a man five feet ten inches in height is 160 pounds. Some healthy men of that height are heavier, others not so heavy; but that is the average weight for that height, the mean of many observations. In this sense a normal of vision has been established for healthy human eyes. Many observations show that the average visual acuity is a minimum seperabile of one minute; points so separated as to appear as separate points subtend an agle of one minute.

But in this proper sense the term normal vision is a source of inexactness and confusion. Such a normal might be established for any particular class of eyes; as the normal for health, by a certain reduced illumination, or for eyes with one dioptre of absolute hyperopia. Such a normal of visual acuity is not fixed until the limits of the class of eyes it represents is fixed. The average acuity for all healthy eyes without correcting lenses would be such a normal. The average for all eyes with lenses giving their maximum of visual acuity would be another normal vision; or for all eyes tested under a certain brightness of illumination still another.

In still another sense the term normal vision is used, one not in harmony with the common meaning of the word normal; and in

which it should be replaced by the expression standard vision, for it is used as indicating visual acuity meeting a certain standard. The most widely accepted and used standard of vision is the visual acuity sufficient to recognize certain block letters at the distance from which the height or width of the letter subtends an angle of five minutes at the anterior nodal point of the eye. Such a visual acuity is a fixed and definite thing, for a fixed form of letter seen under definite conditions. It may be more than normal vision of one person, or less than the normal vision of another; or it may just equal the average visual acuity of a certain group of persons. But it is a fixed and definite standard which may be used as a unit of measure. Just as a hundred weight may be more than the weight of one person and less than the weight of another, or may be the average weight for a certain class; but still is a fixed and definite standard by means of which different weights may be compared.

It is unfortunate that the term "normal vision" has been so widely used when something was meant that could be better designated as "standard vision." The idea underlying a standard is essentially something fixed and definite, that can be used as a measure of values, by means of which they may be recorded and compared. The Snellen fractions like $\frac{20}{xx}$, or the decimal fractions of the International test—all the expressions by which visual acuity is recorded, are based on the idea of some standard unit. This unit may conform closely to the normal average or mean vision, as does the International unit. But any other unit could be chosen as one, advocated by Landolt, representing one-tenth the Snellen standard of acuity, or the katoptrie of von Csapodi; or one of one-sixtieth of the Snellen standard, the oxyoptrie of von Blascovics.

The idea to be expressed by $V=\frac{20}{xx}$, or $V=1.$ is that the visual acuity equals a definite amount, the standard chosen; that it is a standard vision. The introduction of a different idea, such as the term "normal" generally conveys, is a distinct disadvantage from a theoretical and even from a practical standpoint. It is certain that many patients have been allowed to go with an imperfect lense correction because it gave vision $=1.$, or standard vision. The idea that this was "normal vision" has discouraged the efforts to get better vision, although the "normal vision" of that particular patient might really be much better than the standard.

The statement "better than normal vision," except in the sense of average vision, is an absurdity. Better than standard vision would be absolutely logical, and as mathematically exact, as to say more than one foot, or one pound.

The term "standard vision" has already been used by numerous writers on this subject. Its adoption by all would be a change in the direction of clearer thinking and more exact expression about the subject of visual acuity. It is to be hoped that "standard vision" will be

used when conformity to certain definite standard is meant; and that "normal vision" will be used to express only its proper broad sense, the vision that can be expected of a healthy eye under the given conditions.

A NEW OPHTHALMIC JOURNAL.

There comes to our notice a new journal devoted to ophthalmology, the **España Oftalmologica**, a review of ocular disease and therapeutics, published monthly by J. de Arana Quintana, of Cadiz, and S. Diaz Rodriguez, of Malaga. The office of publication is Santa Ines, 5, Cadiz, Spain.

Such a manifestation of scientific activity would be welcome at any time. But it is particularly so at present, when for two months we have received absolutely nothing from Germany and from other belligerent countries of Europe a greatly reduced supply of scientific literature. The increased activity of Spanish-speaking ophthalmologists is quite notable. It is one of the most recent revivals of ophthalmic science. The oldest ophthalmic journal now published in the language has only reached volume eighteen, the second has reached its sixteenth year. The great Spanish ophthalmological society, Sociedad Oftalmologica Hispano-Americana, will meet for its tenth annual meeting at Valencia, in September. The bulletin of the Buenos Aires society, referred to pages 50 and 51, has reached its third annual volume. The new journal promises to equal in scientific value any of these predecessors.

THE COLORADO OPHTHALMOLOGICAL CONGRESS.

This will be held at Denver, August 1st and 2nd. Although the threat of war with Mexico has rendered uncertain the attendance of some prominent ophthalmologists, and has prevented them from promising papers on this occasion, the program will include the names of some well-known writers and of several writers who have not before contributed to such a gathering. The invitation to attend and take part in the discussions is extended to all members of national or local ophthalmological societies, and is likely to make the gathering as important as the first Colorado Congress a year ago.

BOOK NOTICES.

Schweinitz, George E. de, Philadelphia. **Diseases of the Eye.** A Handbook of Ophthalmic Practice for Students and Practitioners. Eighth edition. Large 8vo, 754 pages, 386 illustrations, 7 colored plates. Philadelphia and London: W. B. Saunders Company. 1916.

The growth of this text-book reflects the development of the science and art of ophthalmology. Although the number of pages is less than in the last preceding edition, the increased size of page admits a moderate increase of text, and the twenty-six additional illustrations. There has been no change of general plan or method of handling the subject, but every chapter has been revised, and several newly described diseases, and many new operations have been given due consideration. The subject of the causation of iritis has been re-

written in accordance with the new knowledge of it, to which the author has made important contributions. The account of sclero-corneal trephining (over three pages) has been prepared by Col. Elliot. The complete resetting of the work has permitted a change in the format, which makes this volume somewhat thinner, and the distinct type of a good size makes easy reading. Both author and publishers are to be congratulated on the result of their labor.

Transactions of the Colorado Ophthalmological Congress, Denver, Colorado, 1915. 8 vo. 208 pages, 22 ill. Published by the Congress.

This volume, the latest addition to the transactions of ophthalmic gatherings, is an extremely creditable beginning. Of the nineteen papers published seventeen are contributed by authors living outside of Colorado and representing eight states and the District of Columbia. The twenty-two who took part in the discussions of the Congress represented the profession of other cities distributed from Phoeniz, Arizona, to New York. The Congress may fairly claim recognition, then, as more than a local gathering, and the papers recorded in the transactions compare well, both for originality and careful work, with those published in other national transactions. The individual papers have been noticed under their appropriate headings in the Index, as they were first published in journal form. It seems an instance of excess of modesty in that the volume contains no mention of its editor, Dr. William H. Crisp, of Denver, the Secretary of the Congress, or the fact that papers are reprinted from the **Annals of Ophthalmology,** in which they first appeared. It is to be hoped, too, that future volumes will be furnished with table of contents and index.

American Academy of Ophthalmology and Oto-Laryngology, 1915. 332 pages. Illustrated. Published by the Academy, Dr. L. M. Francis, Secretary, Buffalo, N. Y.

This volume in most respects resembles its predecessors in the series. The portion occupied by papers and discussions relating to ophthalmology includes 157 pages, while at least one of the papers included in the oto-laryngological section will have special interest for the ophthalmologist. These papers number fifteen, and in addition there are descriptions and figures of four new instruments intended to assist in ophthalmic practice. The separate papers are noticed under the appropriate headings of the Index of Ophthalmology. The volume is notable among transactions of ophthalmological societies for 1915, in that it includes no reference to war injuries.

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Goldschmidt, M. Experimental Contribution to the Etiology of Keratomalacia. (Graefe's Archiv für Ophthalmologie, vol. 90, page 254.)

By partial under-nourishment of white rats, Goldschmidt was able to produce a pathological condition corresponding clinically and anatomically to keratomalacia. The morbid changes disappeared upon the addition to the diet of raw skimmed milk, the action of which is explained as due not to the presence of albumin, fat, carbohydrate or salts, but to contained substances of unknown character but necessary to life. Keratomalacia is probably to be included, in respect to its etiology, with experimental scurvy and experimental beriberi.

Kiribuchi, K. The Treatment of Trachoma. (Graefe's Archiv für Ophthalmologie, vol. 90, page 413.)

The method used in the writer's Tokyo clinic is as follows: After instillation of a 4 per cent cocain solution, and in sensitive persons, further injection of a 0.5 per cent cocain solution subconjunctivally, the upper lid is everted; then with the left thumb and by the aid of the applicator the lid is raised to the upper margin of the orbit and gently pressed upon, while with the right finger pressure is made through the lower lid on the eyeball. The patient is directed to look strongly downward, whereupon the transitional fold is completely exposed, together with the whole of the upper conjunctiva of the eyeball. Then, with a narrow two-edged instrument, slightly bent on the flat and held in the right hand, innumerable punctures are made in the granulations and infiltration of the transitional fold. Numerous punctures are likewise made in the upper part of the tarsus at right angles to its surface, and penetrating into the tarsal tissue. The free bleeding which accompanies the operation must be kept wiped off with a cotton swab, which is moistened with an antiseptic solution. With a cotton swab soaked in 0.2 per thousand solution of sublimate of mercury, the granulations and infiltration of the transitional fold are massaged in the direction from the bulbar conjunctiva towards the tarsus. The last step is a rinsing and cleansing of the wound surface of the conjunctiva, followed by dusting of the whole wound surface with airol powder applied on dry sterilized cotton. The eye is covered with cold compresses for about half an hour. According to Kiribuchi, the nascent iodin given off from the airol has a deep action which is very beneficial in trachoma.

Schwarz, Otto. A case of Defective Development (Hypoplasia) of Both Optic Nerves. (Graefe's Archiv für Ophthalmologie, vol. 90, page 326.)

In an 18-year-old girl there was merely a suggestion of each optic disc. On the left side was a small round white spot, covered by a delicately fibrous tissue and surrounded by the capillary vessels. No retinal coloboma was recognizable with the ophthalmoscope. On the right side was an almost vertically oval yellowish-whitish-reddish spot, about a half a disc diameter broad, and three-quarters of a disc diameter high and in front of which projected a conical structure which was manifestly a remains of the hyaloid artery. Perimetric examination showed almost complete absence of the nasal halves of the visual fields. The corrected vision of either eye was 6/12. In the common visual field there was fairly good binocular vision.

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